

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

07-24-2001 90028 030 ***550.00

DOCUMENT # P99000101767		(LA)	
1. Entity Name AC & JA, INC.			
Principal Place of Business 2800 N. MILITARY TR. WEST PALM BEACH FL 33409		Mailing Address 351 SOUTH WEST 31ST AVENUE DEERFIELD BEACH FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0962679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COCHMAN, GENE 1325 S. CONGRESS #238 BOYNTON BEACH FL 33426 <i>14394 Cypress Is/CT</i> <i>Palm Beach Gardens,</i> <i>FL 33410</i>		Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE <i>[Signature]</i>		DATE 7/20/01	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD COSTA, ANTHONY 351 SOUTHWEST 31ST AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD COSTA ANTHONY 2800 N. MILITARY TR. WEST PALM BEACH FLA 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SVD ATTEO, JOHN 351 SOUTHWEST 31ST AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SVD ATTEO JOHN 2800 N. MILITARY TR. WEST PALM BEACH FLA 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date 8-10-2001 Daytime Phone # 561 640 7911	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (5/01)